

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559816

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

1

2

3

4

5

6

7

8

9

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11

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41

42

43

44

45

46

47

48

49

50

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

51

52

53

54

55

56

57

58

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60

61

62

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97

98

99

100

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS